



COLORADO

**Department of Health Care
Policy & Financing**

COVID-19 Emergency Response FFY 2020 Emergency Funding Request

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Date of Submission to CMS Regional HITECH Point of Contact: April 27, 2020

Version # 1

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A. Statement of Emergency Need

As are many states, Colorado is working expeditiously to address the effects of the Coronavirus (COVID-19) outbreak. In addition to the Presidential-issued State of Emergency on March 10, 2020, Governor Jared Polis issued a State of Emergency Declaration focusing on the health and safety of Colorado's citizens. In response to this state crisis, Colorado's Department of Health Care Policy and Financing (HCPF), in collaboration with the Office of eHealth Innovation (OeHI) and other state agencies charged with the wellness and safety of Coloradans, is requesting emergency expansion of funding as available through 45 C.F.R. § 95.624. This request aligns with the already approved FFY20/21 HITECH Implementation Advance Planning Document (APD) for projects already in scope and new funding for identified approaches to combat the impact of COVID-19. Projects and funding will be incorporated into a future IAPDU within the requisite timeframes.

Approved immediate funding will allow Colorado to:

1. Expedite technical connectivity of providers into the HIE Network
2. Expand toolsets available to providers to coordinate patient care for those with COVID-19 symptoms
3. Expand the availability, types, and connections for COVID-19 laboratory testing data
4. Real-time analytics to capture and disseminate COVID-19 related information for state and local officials
5. Rapidly deploy telehealth projects, support, and evaluation

B. Adverse Impact Immediate Funding Not Received

A key component to address healthcare needs is providing relevant and timely information. Without emergency funding approval the ability to provide real-time, actionable information, on multiple levels, will result in missed opportunities resulting in harm to Colorado's citizens including:

- Inability to route patients appropriately, creating patient safety information
- Lack of monitoring for testing and results delivery
- Lack of data for applicable analytics necessary for patient treatment and tracking
- Lack of access to healthcare services via alternative treatment modalities
- Creation of fundamental safety and accessibility issues through lack of knowledge of available resources for both patient and healthcare teams

Having pertinent, robust information readily available via a longitudinal record/data as opposed to singular systems offers increased occasion to make informed decisions by our healthcare community. At all levels, Colorado is committed to protecting all its citizens with a focus on our most vulnerable populations.

C. Approach

Building upon the health IT infrastructure investments to date, Colorado has undertaken an extensive – but expedited – research of and call for proposals for innovative approaches to extending Colorado infrastructure to meet the crisis at hand. As feasible, existing services and

systems are being leveraged and expanded, resources are being refocused, and planning is considering the long-term needs of patients and the healthcare system.

The services in this request will aid Colorado in providing timely response to the acute COVID-19 outbreak including necessary ongoing monitoring of the COVID-19 disease through the end of FFY20.

D. Scope of Work/Objectives

As indicated, proposed objectives either extend the scope of previously approved projects in the FFY20/21 HITECH APD approved by CMS or reflect new scopes of work. HCPF requests the immediate funding for the remainder of the FFY20 year and will incorporate additional funding requests in the upcoming IAPDU. It is anticipated that these investments and monitoring of the response will be needed for at least the next 12-18 months. Existing approved projects are indicated as the approved Need and Objective whereas new projects are indicated and will be subsequently incorporated into an IAPD update.

I. Appendix D, Need and Objective #2: Technical Connectivity (Onboarding)

Foundational to the availability of COVID-19 related information for patient care is connectivity to Colorado's Health Information Exchanges (HIE). The HIEs have established procedures, requirements, and policies in place that allow end users to securely access and provide patient related data. Additionally, the HIEs have technical connections that can be expanded and enhanced to include COVID-related data quickly and securely to end users.

Through immediate funding, express connections and technical assistance will be provided by the HIEs allowing for Medicaid eligible provider access to comprehensive patient data, including COVID related dashboards, available through longitudinal patient records, ADT notifications, laboratory interfaces and data, public health reporting, and data and exchange with other care partners.

II. Appendix D, NEW Project #1 COVID Related Data Analytics

The key to providing effective response and recovery around all COVID-19 efforts relies on accurate and up-to-date information. As COVID-19 continues to impact Coloradans, HCPF needs to understand and measure the impact on its beneficiaries and public health departments across the State to understand the total number of Coloradans impacted by this condition, either with a full positive test, a negative test, or a presumptive positive condition. Collection of symptom related information will also inform medical needs and resources.

Through immediate funding, the ability to increase connections and capacity for lab and other COVID-19 related data, including public health information, will be supported which will in turn support end users through enhanced data analytics including: an analytics platform which will be nimble and flexible allowing for multiple views; support of API development ensuring that lab data will be available to HCPF, Regional Accountable Entities (RAEs) care coordinators, and county public health agencies; bed availability tracking; and other uses supporting ADT feeds and/or batch reporting needs. Additionally, public health data will be used to create reporting capabilities

available via the HIEs including potential cases/symptoms, known results reporting, locations, regions, populations, and trends. The ability to self-report symptoms will also be made available for inclusion into public health and care systems.

III. Appendix D, NEW Project #2 Safety Net Provider Surveillance Activities

Colorado continues to see an increase in the spread of COVID-19 infections resulting in an increased utilization of emergency rooms and other resources. With the continual spread of COVID-19, the lack of testing, and delayed results, it is valuable to have real-time data to understand the actual COVID-19 related trends in the healthcare system and the needs of the individual community residents to help combat the spread of this infectious disease. Primary care and behavioral health organizations need to know when their patients are being evaluated for COVID-19 to quickly follow up to ensure their physical, mental, and social needs are cared for quickly. While the COVID-19 tests will likely under-represent the actual rate of infection, it will be important to track other indicators that demonstrate the effectiveness of the control measures in every community. The availability of services and resources through safety net providers such as critical access hospitals, FQHCs and rural providers is paramount to ensuring care for vulnerable populations.

Through immediate funding, an online interactive surveillance tool using real-time data will be available to safety net providers displaying current, aggregated information about patients presenting to an emergency room with symptoms or diagnosis codes related to COVID-19 utilizing CDC guidelines. The report is intended to provide a macro-level view of COVID-19 related activity as well as a micro-level view for providers to monitor the activity of their populations and individual patients. As more becomes known about the virus, how to treat and how to track, new functionalities will continuously be added including additional HIE data, lab results, surveillance trends, clinical data from EHRs, social assessment data and claims data all contributing to a more thorough understanding of the current environment.

IV. Appendix D, NEW Project #3 Enhanced Medicaid Beneficiary Contact Information

A key component to combatting the COVID-19 crisis is the ability to track patients in order to provide relevant and timely care management and interventions. Not having valid contact information or the ability to identify patients across multiple care settings creates missed opportunities and can create patient safety concerns. With the economic impact of COVID-19 affecting the stability of patient housing and ability to meet basic social needs, there is increased risk that patients will not receive needed services. Contact tracing, the next step in combatting the spread of COVID-19, is further hindered by inaccuracies in beneficiary contact information and patient tracking.

Through immediate funding, the Medicaid RAE serving Colorado's western slope to work with the area HIE on a system enhancement to improve current patient telephone information including the type of phone. Further, there will be enhanced matching of patient data from external sources that can be used for patient tracking by the Medicaid RAE. Data will be provided via flat file submission or a developed API.

V. Appendix D, NEW Project #4 Telehealth Innovation

Telehealth (and telemedicine interchangeably) has risen to the top as a safe, effective, and efficient response to COVID-19 by providing the means to screen, assess, and treat patients. Colorado Medicaid has already enabled telemedicine reimbursement according to CMS guidelines. Provider guidance may be found online at: <https://www.colorado.gov/hcpf/provider-telemedicine>. However, the current crisis has created confusion for already overburdened providers on how to best administer telehealth. Prior to the current crisis, Colorado was focused on ways to expand the use of telehealth and in direct response to the COVID-19 pandemic, Governor Polis launched the Innovation Response Team (IRT) Task Force with a subgroup directed to specifically address telehealth response innovations and policy. Remote Patient Monitoring (RPM), or telemonitoring, can serve Medicaid providers, patients, and the Department during this time. RPM can support those with COVID-19 stay safely at home in isolation or safely and more quickly discharge from an acute care setting to home with enhanced support from their provider – which may result in cost savings for the Medicaid program. Telehealth is a state priority with funding, projects, and innovations being approached from a myriad of sources.

Through immediate funding, response efforts will focus on rapid deployment of scaled projects including a COVID-19 Telehealth Guide and Toolkit, Telehealth FAQ Email/Hotline supported by physicians and other healthcare professionals, volunteer coordination ensuring the right resources are available and arranged, development and dissemination of a Resource Directory, and creation of virtual trainings for providers new to telehealth utilization. Work will also begin in concert with direct telehealth efforts to evaluate the utilization, effectiveness, and satisfaction with telehealth services. A key component of Colorado's approach will be RPM pilots for which necessary monitoring equipment will be purchased and provided to support patients that are symptomatic, presumed positive or confirmed positive with COVID-19 and/or to monitor and support patients with their overall health care related to COVID-19 requirements. The patient's healthcare provider will provide care to the patient following their own clinical judgement and practice standards.

All providers with patients that are using the RPM technology will engage in twice weekly phone calls led by a trained facilitator. Summary findings will be subsequently shared with Colorado's Telehealth Learning Collaborative and will further telehealth evaluation activities.

E. Budget:

The total requested funding amount of \$8,792,482 for the expanded project objectives is outlined in the budget table below. The budget is a mixture of new funds and re-allocated, unspent funds from projects within the FFY20/21 HITECH IAPDU approved April 17, 2020. Per the previously approved FFY20/21 HITECH IAPD, all projects are 100 percent attributed to Medicaid eligible providers. A formal cost and a detailed description of re-allocated funds will follow in the state's next IAPDU, which will be submitted within 90 days of approval of this funding request.

Table 1: Total Funding Request

N & O/ New Project	Title	State Cost	Contractor Cost	Total	90% Federal Match	10% State Match
HIE N&O #2	Technical Connectivity	\$0.00	\$2,086,000.00	\$2,086,000.00	\$1,877,400.00	\$208,600.00
New Project #1	COVID Related Data Analytics	\$0.00	\$1,424,000.00	\$1,424,000.00	\$1,281,600.00	\$142,400.00
New Project #2	Safety Net Provider Surveillance Activities	\$0.00	\$741,082.00	\$741,082.00	\$666,973.80	\$74,108.20
New Project #3	Enhanced Beneficiary Contact Information	\$0.00	\$119,000.00	\$119,000.00	\$107,100.00	\$11,900.00
New Project #4	Telehealth Innovation	\$0.00	\$4,422,400.00	\$4,422,400.00	\$3,980,160.00	\$442,240.00
TOTALS			\$8,792,482.00	\$8,792,482.00	\$7,913,233.80	\$879,248.20